W - DESILAVAILABLE COPY

•									Application of Oocket Number				
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000												374	
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY													
TOTAL CLÁIMS .			58		***		L	RATE	FEE	ĺ	RATE	FEE	
FOR .			NUMBER FILED		NUMBER EXTRA			BASIC FE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			58 minus 20-		. 38			X\$ 9=	3420	OR	X\$18=		
INDEPEND <b>ENT CLAS</b>			minus 3 =		50			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT								+135=					
* If the difference in column 1 is less than zero, enter "0" in column 2										OR	+270=		
IOIAL OR TOTAL													
8-10-04 CLAIMS AS AMENDED - PART II (Column 3)								SMALL	ENTITY	OR	OTHER SMALL		
ENTA		CLAMS REMAINING AFTER AMENDMENT	A PREVI		BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	127	Minus	. 5	В	- 69		X\$ 9=	621.00	OR	X\$18=		
₹	Independent   Minus			3	- 4		X40=	1720	OR	X80=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=	11/2 -		+270=		
•								TOTAL	140,00		TOTAL		
3-16-05 (Column 1) (Column 2) (Column 3)									لــــا	OR	ADDIT. FEE	<b></b>	
٢	CLAIMS CLAIMS HIGHEST						l	<del></del> -	4001	1		4001	
AMENDMENT B	を関する 日本の本が	REMAINING AFTER AMENDMENT		PREVIO PAID	YUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 129	Minus	./2	7	- 2	ll	2500	50.00	00	X\$18=	142	
	Independent	. 9	Minus	***	7_	-2	lt	100.00 X40=	-		X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=	200.00	OH.	+270=		
								TOTAL	250.00	00	TOTAL		
5-16-05 ADDIT. FEE ASDID OH ADDIT. FEE													
S	4444	CLAIMS REMAINING		FLIGH	EST	(Column 3)	ſ		ADDI-	í		4000	
IENT (	213	AFTER AMENDMENT		PREVIO PAID	WSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDA	Total	. 129	Minus	. 16	39	•	lt	<b>₹3 9</b> =		OR	X\$18=		
ME	Independent	• 9	Minus	***	9	• \	lt	X40=			<del>\</del>		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   X400 OR X800													
the entry in column 1 is less than the entry in column 2, write "O" in column 3.  "If the Highest Number Previously Paid For" IN THIS SPACE is less than 20, onter "20."  "If the Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20."  ADDIT. FEE  ADDIT. FEE													
	u use regnest flus The Highest Hum	mber Previously Pai ber Previously Pai	uo For IN THE d For (Total or	s SPACE to Independe	s less tha mij is the	n 3, enter "3." highest numbe			propriete box				